PTO/SB/17 (10-07) Approved for use through 06/30/2010. OM8 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
						10/829,168-Conf. #5767			
FEE TRANSMITTAL			Filing Date April 22, 2004		April 22, 2004				
For FY 2008					Toshiharu UENO				
101112000				Examiner Name K		K. M. Patel			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit_	2	2188				
TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attorney Docket	No.	0879-0441PUS1			
METHOD OF PAYMEN	T (check all	hat apply)							
Check Credit C	Card I	Money Order	Nor	c Other (please identify	r):			
X Deposit Account Depo	sit Account Num	ser: 02-	2448	Deposit	Account Name	Birch, Stewart	, Kolasch &	Birch, LLP	
For the above-iden	ified deposit	account, the Di	rector is	hereby authorize	d to: (chec	k all that apply)			
x Charge fee(s						icated below, ex	cept for t	he filing fee	
Charge any a fee(s) under		s) or underpay	ments of	x Credit	any overpa	yments			
FEE CALCULATION	ork i.iu	311U 1.17	_				_		
1. BASIC FILING, SEARCI	I. AND EXA	MINATION FEE	s						
		G FEES		ARCH FEES	EXAMIN	ATION FEES			
Application Type	Fee (\$)	Small Entity	Fee (\$	Small Entity	Fee (\$)	Small Entity		D - 4-1 (4)	
Utility	310	155	510	Fee (\$) 255	210	Fee (\$) 105	rees	Paid (\$)	
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	210	233	020	310			
2. EXCESS CLAIM FEES	210	105	U	U	0	U			
Fee Description							Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple dependent claims							370	185	
Total Claims Extra Claims Fee (\$) Fee I			Fee P	ald (\$)	Mu	Itiple Depende	nt Claims		
x						ee Pald (
HP = highest number of total cla	lms paid for, if g	reater than 20.							
Indep. Claims Extra	dep, Claims Extra Claims Fee (\$) Fee Paid (\$)								
HP = highest number of indepen	dent dalms pak	for, if greater than	3.						
 APPLICATION SIZE FEI If the specification and dr listings under 37 CFR 	awings exceed 1.52(c)), the	application size	fee du	e is \$260 (\$130 f				0	
sheets or fraction there									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 = (round up to a whole number) x							Fee	Pald (\$)	
- 100 =		/50 ==		(round up to a who	le number) >	· — ·			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								Paid (\$)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37							810.00		
SUBMITTED BY	72 m	- 11	_						
Signature ///	11 X	6/-		Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000		
Name (PrinkType) Michael R. Cammarata				(www.regent)		Date June 3, 2008			
						1	June 0	, 2000	